



GEORGIA BOARD OF MASSAGE THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone)
www.sos.state.ga.us/plb/massage

DECORATIVE WALL CERTIFICATE ORDER FORM

INSTRUCTIONS:

- **Do not** submit this form until **after** you are in receipt of your license.
- Type or print clearly.
- Enclose \$25.00 fee (non-refundable) – check or money order made payable to the Georgia Board of Massage Therapy. **Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. §16-9-20.**
- Submit form to the address above.

NAME: _____

LICENSE NUMBER: _____

MAILING ADDRESS: _____
(Street Address)

(City) (State) (Zip)

Daytime telephone number : _____

E-mail address: _____

*Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

PLEASE ALLOW 6-8 WEEKS FOR PROCESSING

FOR BOARD USE ONLY

FEE AMOUNT: _____

RECEIPT #: _____

DATE DEP.: _____

DATE ORDERED: _____

DATE RETURNED: _____

DATE MAILED: _____